



Housing Accommodation Requests Emotional Support Animal

Addendum 1 of 2

To Be Completed by the Student

1. Fill out your name and Student ID # in the space provided below.
2. Have a qualified diagnosing/treating professional, **who is familiar with your disability** complete **Addendum 2**.
 - a. You may need to explain the purpose of the form to your clinician.
Please note: The diagnosing/treating professional should not be an immediate family member.
3. Return this form, along with any supporting documentation, to:

Housing Accommodation Request Committee
James Madison University - MSC 1009
Student Success Center
738 S. Mason St., Suite 1202
Harrisonburg, VA 22807

or Fax to: 540-568-7099
or Email to: SHRC@jmu.edu

Student Name: _____ Student ID #: _____

Please answer the following:

The quantity and type of animal you are hoping to have as an emotional support animal.

How will an emotional support animal help you mitigate your functional limitations stemming from disability?

Are you concerned that animal care and ownership of an emotional support animal will be more stressful than helpful? Why or why not?

Have you had a conversation with your roommate about the possibility of bringing an animal into the living situation? If so, was the response positive? (Please note that a roommate's opinion towards an accommodation does not affect the committee's decision. It simply provides the Office of Residence Life with information needed for implementing the accommodation if it is approved.)

To be complete, Part 1 must include the student's signature affirming agreement and clear responses to the questions above. Requests (Parts 1 & 2 and Addendums 1 & 2) must be submitted in a timely fashion according to the deadlines for housing applications for each academic term.

As indicated by the signature below, the student submitting this request agrees that any information relevant to consideration of the request may be reviewed by appropriate University staff in evaluation and in any subsequent provision of accommodations.

Student signature

Date



Housing Accommodation Requests Emotional Support Animal

Addendum 2 of 2

To Be Completed by the Diagnosing/Treating Clinician
To Support Student's Request for Accommodations of Disability at the University

1. Fill out your name as well as the name of your patient.
2. Provide information addressing the questions below.
Please note: The patient should not be an immediate family member.

Qualified Diagnostic/Treating Professional Information:

Clinician Name: _____

Student Name: _____

Please answer these questions with the goal of providing information that will help the school to understand the student's current level of functioning, limitations, and associated need for accommodations of disability.

(If mandatory fields are left blank, more information may be requested in order to understand the student's difficulties and associated need for accommodation or modifications at the university level. If diagnostic process is not complete, share something about what is known of the patient's symptoms and problems.)

What is the type and quantity of animal that that student is seeking as an emotional support animal?

Is an emotional support animal an integral component of the student's treatment plan?

How will an emotional support animal help your patient mitigate their functional limitations stemming from disability?

Are you concerned that animal care and ownership of an emotional support animal will be more stressful than helpful? Why or why not?

All recommendations are considered. Potentially effective alternatives may be considered as needed. Decisions are made based on the nature of the disability and functional limitations, reasonableness of the request, academic integrity and available housing.

Signature indicates that complete records are on file with the Treating Clinician at the below location and will be available for clarification upon request, and the Treating Clinician is not a family member of the student.

Treating Clinician Signature

Date

Please Return To: Housing Accommodation Request Committee
James Madison University - MSC 1009
Student Success Center
738 S. Mason St., Suite 1202
Harrisonburg, VA 22807
Phone: 540.568.6705 Fax: 540.568.7099
Email: SHRC@jmu.edu

Portions of this document were adapted from a similar form developed by the Office for Disability Services at the Ohio State University, with permission, June 2012.